

MONTHLY DBE PARTICIPATION REPORT

REPORT SUBMISSION DATE: _____

PROJECT NO.: _____

COUNTY: _____

CONTRACT ID NO.: _____

CONTRACTOR: _____

REPORT NO.: _____

NOTICE TO PROCEED: _____

DATE WORK BEGAN: _____

CONTRACT \$ AMOUNT: _____

DBE \$ AMOUNT: _____

DBE REQUIRED %: _____

% DOLLAR COMPLETE: _____

% PROJECT COMPLETE: _____

31-Jan

28-Feb

31-Mar

30-Apr

31-May

30-Jun

31-Jul

31-Aug

30-Sep

31-Oct

30-Nov

31-Dec

S = SUPPLIER

SC = SUBCONTRACTOR

| APPROVED DBE | | | | VENDOR ID | DESCRIPTION OF WORK | |
|--------------|---|----|-----------------------------|-------------------|----------------------|------------------------|
| | S | SC | ORIGINAL SUBCONTRACT AMOUNT | PREVIOUS PAYMENTS | PAYMENTS THIS REPORT | TOTAL PAYMENTS TO DATE |
| 1 | | | | | | |
| RN | | | | | | |
| RC | | | | | | |
| 2 | | | | | | |
| RN | | | | | | |
| RC | | | | | | |
| 3 | | | | | | |
| RN | | | | | | |
| RC | | | | | | |
| 4 | | | | | | |
| RN | | | | | | |
| RC | | | | | | |
| 5 | | | | | | |
| RN | | | | | | |
| RC | | | | | | |
| 6 | | | | | | |
| RN | | | | | | |
| RC | | | | | | |
| 7 | | | | | | |
| RN | | | | | | |
| RC | | | | | | |
| 8 | | | | | | |
| RN | | | | | | |
| RC | | | | | | |
| 9 | | | | | | |
| RN | | | | | | |
| RC | | | | | | |
| 10 | | | | | | |
| RN | | | | | | |
| RC | | | | | | |
| 11 | | | | | | |
| RN | | | | | | |
| RC | | | | | | |

MONTHLY DBE PARTICIPATION REPORT

REPORT SUBMISSION DATE: _____

PROJECT NO.: _____

COUNTY: _____

REPORT NO.: _____

CONTRACTOR: _____

| APPROVED DBE | | | | VENDOR ID | DESCRIPTION OF WORK | |
|--------------|---|----|-----------------------------|-------------------|----------------------|------------------------|
| | S | SC | ORIGINAL SUBCONTRACT AMOUNT | PREVIOUS PAYMENTS | PAYMENTS THIS REPORT | TOTAL PAYMENTS TO DATE |
| 12 | | | | | | |
| RN | | | | | | |
| RC | | | | | | |
| 13 | | | | | | |
| RN | | | | | | |
| RC | | | | | | |
| 14 | | | | | | |
| RN | | | | | | |
| RC | | | | | | |
| 15 | | | | | | |
| RN | | | | | | |
| RC | | | | | | |
| 16 | | | | | | |
| RN | | | | | | |
| RC | | | | | | |
| 17 | | | | | | |
| RN | | | | | | |
| RC | | | | | | |
| 18 | | | | | | |
| RN | | | | | | |
| RC | | | | | | |

| | | | | |
|-------------------|--|--|--|--|
| RN TOTALS: | | | | |
| RC TOTALS: | | | | |

TOTAL % PAID TO DATE: _____

I HEREBY CERTIFY THAT THE ABOVE STATEMENT IS TRUE AND CORRECT AND SUPPORTING DOCUMENTATION IS ON FILE AND IS AVAILABLE FOR INSPECTION BY DEPARTMENT PERSONNEL AT ANY TIME.

ALL PARTICIPATION COUNTED TOWARD FULFILLMENT OF THE DBE GOALS IS (1) REAL AND SUBSTANTIAL; (2) ACTUALLY PERFORMED BY VIABLE, INDEPENDENT DBE OWNED FIRMS; AND (3) IN ACCORDANCE WITH THE SPIRIT OF APPLICABLE LAWS AND REGULATIONS.

PRINT NAME: _____
NAME / TITLE

SIGNATURE: _____
(Mandatory)

FOR DEPARTMENT USE ONLY

THIS DOCUMENT HAS BEEN REVIEWED AT THE PROJECT LEVEL BY:

PRINT NAME: _____
NAME / TITLE

SIGNATURE: _____
(Mandatory)

THIS DOCUMENT HAS BEEN REVIEWED AT THE DISTRICT LEVEL BY:

PRINT NAME: _____
NAME / TITLE

SIGNATURE: _____
(Mandatory)